

# **PIEDMONT GERIATRIC HOSPITAL**

## **Burkeville, Virginia Primary Inspection Report September 22-23, 1999**

Office of the Inspector General

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### **EXECUTIVE SUMMARY**

This report summarizes the findings during a primary inspection of Piedmont Geriatric Hospital, which occurred on September 22-23, 1999.

Primary Inspections are routine unannounced comprehensive annual visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRAS) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Piedmont Geriatric Hospital as well as other facilities in Virginia. This report is intentionally focused on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of Piedmont Geriatric Hospital.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) Use of Seclusion and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Under each of these areas are one or more "findings" with related background discussion and recommendations.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

### **FINDINGS OF MERIT**

PGH staff was found to treat patients with dignity and respect in several interactions observed throughout the inspection period. (Finding 1.1)

- The internal advocate at Piedmont Geriatric Hospital has a different role than that at other facilities. (Finding 1.2)

- The use of seclusion and restraint has been reduced to the degree that no incidents have occurred during the past four months. (Finding 2.1)
- Piedmont Geriatric Hospital has made significant improvements in psychosocial programming over the last year. (Finding 3.1)
- The facility is working towards the development of an interdisciplinary process for formulating individualized treatment plans. (Finding 3.3)
- The facility is well maintained with multiple indications of efforts to make it appear more "home-like" and less institutional. Finding 4.1)
- PGH has 3 full-time primary care physicians that address the medical issues of patients. (Finding 5.2)
- Piedmont collaborates with many Colleges and Universities to provide training opportunities for a number of different disciplines. (Finding 6.1)
- PGH has hired a consultant to assist the facility in streamlining documentation. (Finding 7.1)

## **FINDINGS OF CONCERNS**

- Treatment plans reviewed did not outline active treatment goals for the patients. (Finding 3.2)
- Piedmont Geriatric Hospital does not uniformly focus on identifying and treating specific target behaviors that prevent an individual's community placement. (Finding 3.3)
- PGH is currently unable to track hours of active treatment. (Finding 3.5)
- There is discord among members of senior management. (Finding 7.2)
- The location of this facility in a rural area that serves a number of state-operated facilities increases the competition for staff, particularly nursing staff in an area with a relatively low population to pull from. (Finding 8.1)

## **PIEDMONT GERIATRIC HOSPITAL**

**Date of Visit:** September 22-23, 1999

**Reason for Inspection:** Initial Primary Inspection

**Type of Inspection:** Unannounced

**Sources of Information:** Interviews were conducted with staff, patients and family members; patients records were reviewed; treatment activities were observed including a

music/movement group in the TARP (Therapeutic Activities Rehabilitation Program) program, treatment team staffing for two patients and groups in the FLIP (Functional Living Independent Program) program. Other documentation included minutes of the Leadership Team Meetings for the month of April 1999, the proposed individualized treatment plan model, pay differential; training schedules and behavioral checklist with suggested data collection forms.

## **Areas Reviewed:**

[Section One](#) / Treatment with Dignity and Respect

[Section Two](#) / Use of Seclusion and Restraint

[Section Three](#) / Active Treatment

[Section Four](#) / Treatment Environment

[Section Five](#) / Access to Medical Care

[Section Six](#) / Public - Academic Relationships

[Section Seven](#) / Notable Administrative Activities

[Section Eight](#) / Facility Challenges

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## **Piedmont Geriatric Hospital Background**

Piedmont Geriatric Hospital (PGH) began serving citizens of Virginia in 1918 as a sanitarium for tuberculosis patients. It became a psychiatric hospital in 1977 and continues to serve in that capacity. It is the only Virginia state-operated facility that exclusively provides for the care and treatment for population ages sixty-five (65) or older. The current bed capacity is 210 with the average daily census totaling 200. The facility primarily serves eight cities and twenty-six counties. This catchment area includes thirteen Community Services Boards. The vast majorities of patients admitted to the facility are involuntarily committed and have multiple physical concerns and/or impairments as well as psychiatric issues. Piedmont Geriatric Hospital has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1985. JCAHO will return in 2000 to survey this facility for re-accreditation.

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## **Section One Treatment of Patients with Dignity and Respect**

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### **1.1 Findings: PGH staff was found to treat patients with dignity and respect in several interactions observed through the inspection period.**

**Background:** There were multiple opportunities to observe the interactions between staff and patients during the course of the visit. Staff of all disciplines were observed interacting with patients in a calm, polite and respectful manner. Interventions were accomplished without restrictiveness through actively engaging the patient(s) by informing them in a positive way of expectations and/or actions that were to occur. Patients were not "talked down" to or patronized in the interactions observed. Staff was very professional in their interactions with patients.

A focus on treatment with dignity and respect is vital as prevention for abuse and neglect in a facility. Many of the staff at Piedmont Geriatric Hospital naturally has a respect for the elderly. Staff could benefit from a more formalized emphasis on this topic. One mechanism to accomplish this might be the formation of a time-limited performance improvement team comprised of staff from many levels. This team could explore ways to educate staff about and highlight examples of good performance. The team could also identify and make suggestions for regular training or rewards for exemplary staff behavior.

**Recommendation: Formalize staff expectations for treatment of all patients with dignity and respect.**

### **1.2 Finding: The internal advocate at Piedmont Geriatric Hospital has a different role than at other facilities.**

**Background:** Many of the individuals at PGH are not able to verbalize their own needs and complaints. Thus the role of the advocate is more one of prevention and monitoring than at many of the other facilities. The internal advocate is viewed as a member of the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) staff; not facility staff. There is evidence that a working relationship has been forged between the advocate and the administration resulting in open communication and dialogue. This does not suggest that there are not issues which have to be addressed but it was generally agreed that both parties strive for a workable solution that is in the patient's best interest. The advocate addresses her role and function in relationship to the patient as well as issues regarding basic rights and abuse and neglect during staff orientation. Basic human rights training occurs annually.

During the advocate's involvement with the facility, seven cases have been referred to the Local Human Rights Committee (LHRC) for arbitration; the majority of the cases involved smoking privileges but the last two cases centered on discharge issues.

**Recommendation: Continue current role for the advocate**

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## Section Two The Use of Seclusion and Restraint

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### **2.1 Finding: The use of seclusion and restraint has been reduced to the degree that no incidents have occurred during the past four months.**

**Background:** The facility has established the goal of eliminating the use of seclusion and restraint. According to the staff interviewed, this was accomplished without increased training regarding alternative interventions. Several staff interviewed expressed discomfort regarding the inability to use seclusion and restraint. They indicated that they lacked clarity regarding current approved interventions with patients, particularly when patients presented a clear danger to themselves or others.

One staff member did not agree with the decision to eliminate the use of seclusion and restraint because there were fewer "consequences" available to staff in dealing with "acting-out" patients. Most indicated that they felt safety concerns for both the patients and staff had been compromised with the total elimination of the use of seclusion and restraint.

**Recommendation: Staff would benefit from formal training on behavioral interventions and techniques for use in diffusing and redirecting situations that might otherwise result in seclusion or restraint.**

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## Section Three Active Treatment

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### **3.1 Finding: Piedmont Geriatric Hospital has made significant improvements in psychosocial programming over the last year.**

**Background:** The facility implemented six psychosocial programs in November 1998 and is currently in the process of evaluating the effectiveness of the program in providing a rehabilitative component to the treatment planning process. The Functional Living Independent Program (FLIP) was toured during this visit. Patients were observed participating in "crafts" activities and in Anger Management Group. Staff was able to identify specific goals for the individuals engaged in the activities. Patients were able to describe the activity they were engaged in completing while members of the Anger Management Group was able to outline reasons for their participation.

The FLIP program is designed with a token system in which patients are able to select a "target" item to work towards obtaining at the end of the program week. Patients are provided an opportunity to give input into the types of items available for "purchase".

A regular scheduled program of music/movement was observed in the Therapeutic Activity Rehabilitation Program (TARP). Patients were involved according to their ability and interest. Several were encouraged to "dance" with the music and appeared to be enjoying the activity. Because the space was limited, it restricted the numbers of patients who could participate. It was explained that normally a group of that size would be divided into two groups but that on the date observed, members of patients who could participate. It was explained that normally a group of that size would be divided into two groups but that on the date observed members of the nursing staff were participating in training regarding treatment planning and the group needed to be combined because of staffing patterns.

The targeted number of hours for patients to be involved in active treatment programming is twenty (20) hours per week. This target has been adjusted down for some patients because they were too fatigued as a result.

As program effectiveness is evaluated, it may be helpful for the facility to share this type of programming with local nursing homes or other residential programs that serve the elderly.

**Recommendation: Continue staff development and organizational efforts to maintain and improve this programming.**

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### **3.2 Finding: Treatment plans reviewed did not outline active treatment goals for the patients.**

**Background:** Record reviews revealed that the goals established in the treatment plan were difficult to link to an individual's psychosocial rehabilitation schedule. Treatment plans did not clearly identify the prominent barriers to discharge and plans for maximizing the patient's ability to return to the community. It is recognized that this is a difficult task because of the population served by the facility and their complex problems, both medical and psychiatric, that contribute to the limitations in finding adequate resources for best meeting the needs of the patients in the community. Despite this limitation, an increase in behavioral programming would provide on-going information and a method for assisting in the most expedient return to the community-based living.

**Recommendation: Treatment plans should outline active treatment goals and link this to discharge barriers and discharge planning.**

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### **3.3 Finding: The facility is working towards the development of an interdisciplinary process for formulating individualized treatment plans.**

**Background:** One of the issues raised by Dr. Geller in his review of the facility in 1998 was the lack of interdisciplinary treatment planning and integration of involvement among disciplines in providing for the care and treatment of the patients. The facility has hired a consultant to streamline the content of the treatment plan. Two team meetings were observed. Staff members were late for the meeting and participants "came and went" throughout the proceedings. At least two disciplines did not have a representative present for the majority of the meeting(s). Other facilities, under the scrutiny of the Department of Justice, have focused a great deal on the treatment planning process. A focus on the process results in enhanced team functioning as a true multidisciplinary team. PGH should reconsider treatment planning audits that focus on process.

**Recommendation:** The facility needs to emphasize the importance of the process of the treatment team planning as well as the content of the plans.

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### **3.4 Findings: Piedmont Geriatric Hospital does not uniformly focus on identifying and treating specific target behaviors that prevent an individual's community placement.**

**Background:** PGH currently has three full-time psychologists; two Doctoral-level positions and one Masters-level position with many years' experience in the facility. The psychologists were present and participated in treatment planning sessions observed. Interviews revealed that they are not able to participate in all treatment team meetings due to other responsibilities. Piedmont staff goes to great lengths to collect and report out events from a behavioral checklist. What does not seem to be happening uniformly is the next step. This would be taking an individual's pattern of problem behaviors and addressing them in an individualized treatment plan. Many patients with Dementia are not capable of learning new behaviors. However, there are a number of interventions that can be developed by behavioral specialists to target specific behaviors that prevent community placement. A behavioral consult team, such as currently at use at Eastern State Hospital, Central State Hospital and Northern Virginia Mental Health Institute would facilitate this process. This could be done with permanent staff or through an arrangement with a clinical psychology training department.

**Recommendation:** PGH should create a performance improvement team under the direction of the current psychology director that could make recommendations regarding establishing a behavioral consult team.

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### **3.5 Finding: PGH is currently unable to track hours of active treatment.**

**Background:** The facility was exploring obtaining a software program that would enable them to track hours of active treatment for each individual. Once implemented, the data will be extremely valuable in determining treatment effectiveness.

**Recommendation:** PGH should continue to pursue acquiring this software.

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## **Section Four Treatment Environment**

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### **4.1 Finding: The facility is well maintained with multiple indications of efforts to make it appear more "home-like" and less institutional.**

**Background:** A tour of the units revealed that the facility was well maintained, clean and comfortable. The patients were appropriately dressed, clean and well groomed. Furniture was maintained in good condition and appropriate for the population served. Activity areas were small providing limited space for actively engaging a various structured programs. Schedule boards were maintained for patients to refer to for tracking the events of the day. Observations were made that the events occurring and those identified on the schedule were the same. Patients interviewed felt well cared for and were comfortable in that setting. Family members of two patients when interviewed spoke favorably of the facility in regards to the care patients received and the attitude of the staff in communicating with them. Family members felt that their concerns were heard and addressed.

**Recommendations:** Continue with on-going facility maintenance and upkeep.

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## **Section Five Access to Medical Services**

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### **5.1 Finding: PGH has 3 full-time primary care physicians that address the medical issues of patients.**



**Background:** Each primary care physician is assigned to specific units and all of the patients within that unit. Thus each patient has an assigned medical physician who becomes familiar with that patient's medical needs. This adds an element of continuity for the patients. This is a population with many coexisting medical problems which clearly justifies the high patient to primary care physician ratio.

**Recommendation:** Continue current primary care staffing.

**5.2 Finding: Psychiatric and Primary Care Physician staff meets each morning to review the previous 24 hours.**

**Background:** This meeting serves many purposes. This is a time where information is exchanged between physicians regarding medical and psychiatric care. Psychiatrists receive up to the minute information on medical status of ill patients, and primary care physicians learn about relevant changes in psychiatric treatment. Since currently, the medical staff participate in a rotating call schedule, all staff receive the benefit of "checkout" information from the 24 hour nursing report as well as from the physician who was on call. Physicians currently take call from home on weeknights. Patients are rounded on informally with a walk through each unit at least twice a day on weekends. This system provides continuity of care and depends heavily on working relationships between physicians and nursing staff. Emergencies are sent to the local Emergency Room. Access to physicians and the current call situation seems to be working well for staff and patients at this time. The new change in departmental regulations will mandate a physician staying in house 24 hours a day. Once this change occurs, the night physician should be incorporated into the daily meeting.

An additional benefit to the medical staff meeting daily is increased cohesion and communication within physician staff. This has supervision and mentoring benefits. A meeting such as this does run the risk of undermining unit based multidisciplinary treatment process. Instead of meeting with their teams on the unit each morning, physicians meet with each other while nursing and other staff exchange this type of information on the units at shift change. Other clinical heads as well as administrative staff such as risk management and the facility director would benefit from attending this meeting on a regularly scheduled basis.

**Recommendation:** Schedule other clinical heads and administrative staff to attend this useful meeting on a regular basis.

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**6.1 Finding: Piedmont collaborates with many Colleges and Universities to provide training opportunities for a number of different disciplines.**

**Background:** A variety of internships are offered a number of clinical departments. The Medical College of Virginia and Virginia Commonwealth University offers a Geropsychiatric Fellowship in the Department of Psychiatry. This program has received national recognition and is one of the longest running Geropsychiatric Fellowship Programs in the country. Opportunities for internships on both a graduate and undergraduate level are available in nursing, social work, psychology, gerontology and occupational therapy.

Other affiliations include:

University of Virginia/Nursing students (graduate and undergraduate)

-Hampton Sydney College, Longwood College, Ferrum College and Radford University/Graduate and undergraduate students in psychology, social work, counseling and therapeutic recreation

-Southside Virginia and J. Sargeants Reynolds Community College/students in nursing, human service and occupational therapy

-College of Allied Health Sciences/Occupational therapy assistants

-Southside School of Practical Nursing/Nursing students

-Virginia State University/dieticians

-Sam Houston University, Lenior-Phyne College and Quinnipiac College, CT/occupational and music therapy students.

Relations with academic institutions have many benefits for a facility, its staff and patients. Many times visiting students spend special time with the patients. Working with outside students is generally good for staff moral.

**Recommendation: Continue to maintain and foster academic affiliations.**

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**Section Seven**  
**Notable Administrative Projects**

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**7.1 Finding: PGH has hired a consultant to assist the facility in streamlining documentation.**

**Background:** Staff of different disciplines seems to be positively engaged in this process. The process has allowed all disciplines to discuss and focus on the roll of documentation. This review has allowed different professional perspectives to surface and be addressed.

**Recommendation: PGH must assure that any product of this process is consistent with emerging department instruction(s).**

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**7.2 Finding: There is discord among members of senior management.**

**Background:** Several members of the staff used the work "dysfunctional" to describe interactions among some members of the senior management team. Staffs in management positions have tended to remain in their positions for very long periods of time. Many have been at the facility since it opened in 1977. Discord at this level places the entire facility at risk of inefficient leadership management. Individually team members seem to be functioning within expectations of their profession. However, entrenched discord prevents leadership cohesion, which would better promote the mission of the facility.

**Recommendation: PGH administration should identify a mechanism for addressing this longstanding issue.**

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**Section Eight  
Facility Challenges**

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**8.1 Finding: The location of this facility in a rural area that serves a number of stated-operated facilities increases the completions for staff, particularly nursing staff in an area with a relatively low population to pull from.**

**Background:** Staff members, on a whole, related that they derived satisfaction in working with the geriatric population. Despite this, they indicated there is at times a "pull" to seek employment at other stated-operated facilities with an easy commute because of the difference in pay styrucre between the programs. Information obtained indicated that the facility lost six (6) Shows since July, 1998 to the Department of Correction facilities because corrections officers are a Grade 7 position and the Human Services Care Worker position is a Grade 4, which amounts to an approximate 30% pay difference. In the same time period, the facility lost two (2) Licensed Practical Nurses positions

to Corrections. The LPNs receive a 2 step or (9.3%) increase. Even though Registered Nurses are paid approximately 10% more in correctional facilities, the facility has not had any RNs leave their positions to work in correctional facilities.

HSCWs also questioned the internal policy that allowed for pay differential for RNs on the evening and night shifts but not for their positions.

**Recommendation:** This is an issue at many of the facilities and will need to be addressed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.